



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

Renal, Fall 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Leah Chambers, MHA, Director

Gabrielle Kyle-Lion, MPH, Manager

Nicholas Barone, MPH, Analyst

Isabella Rivero, BS, Associate

February 10, 2023

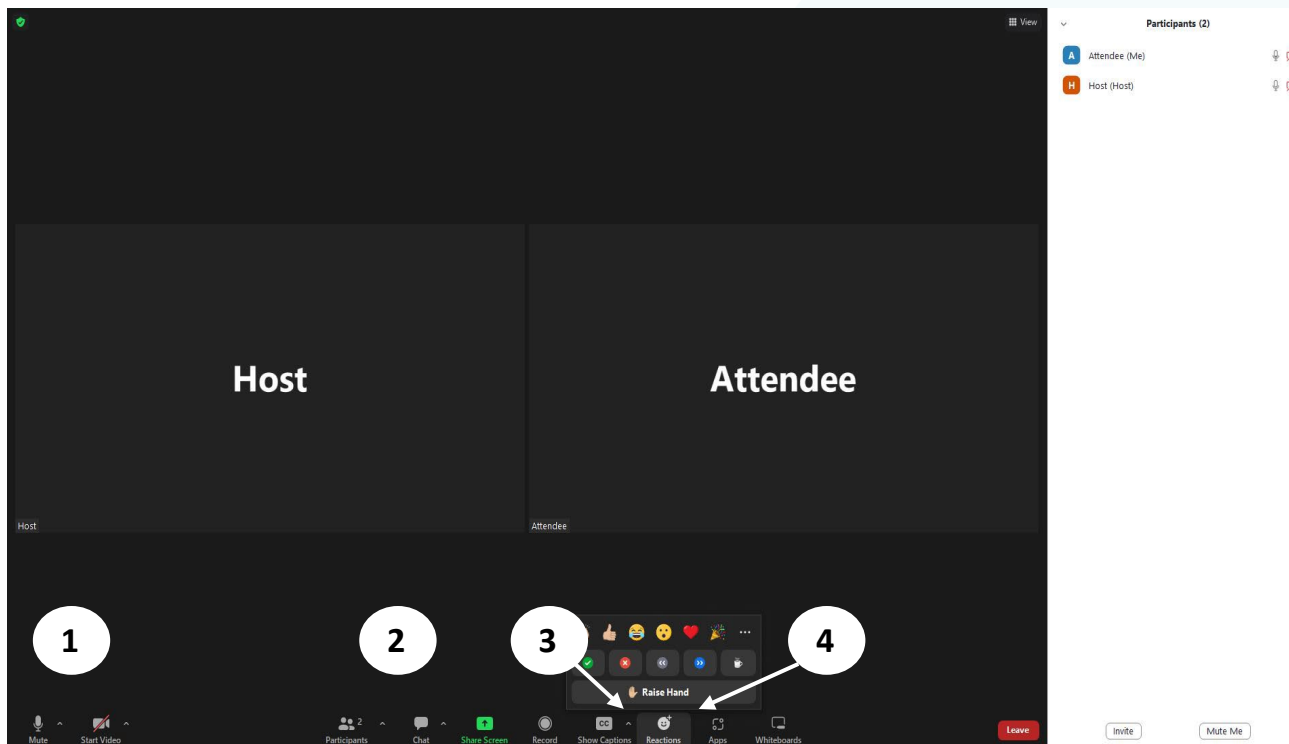
Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

Welcome

Welcome to Today's Meeting!

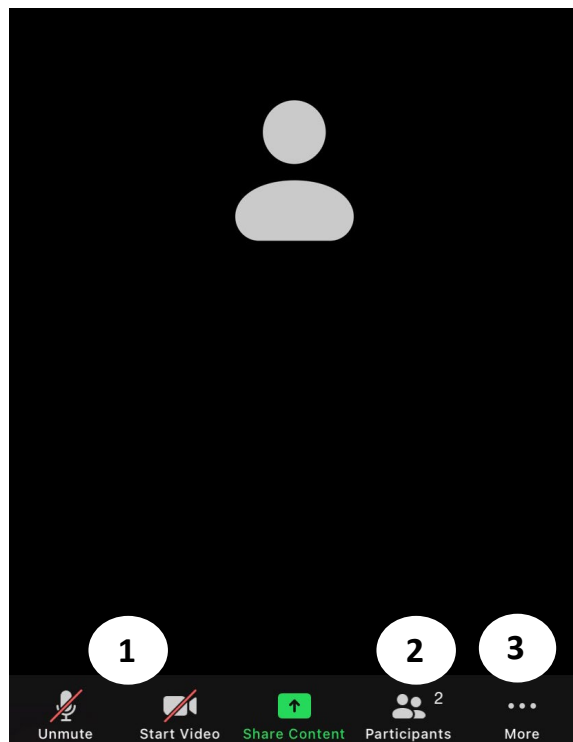
- Housekeeping reminders:
 - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - ▣ Please raise your hand and unmute yourself when called on
 - ▣ Please lower your hand and mute yourself following your question/comment
 - ▣ Please state your first and last name if you are a Call-In-User
 - ▣ We encourage you to keep your video on throughout the event
 - ▣ Feel free to use the chat feature to communicate with NQF staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at renal@qualityforum.org

Using the Zoom Platform

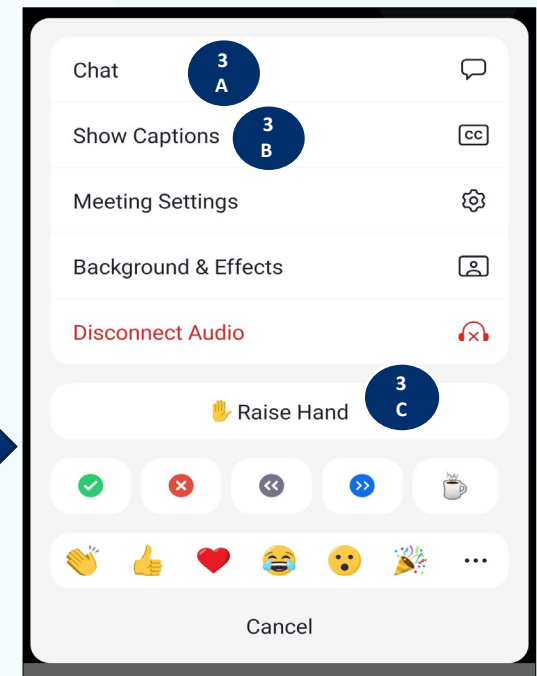


- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant or chat button to access the full participant list or the chat box
- 3 Click on show captions to enable closed captions
- 4 To raise your hand, select the raised hand function under the reactions tab

Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button to view the chat box or raise your hand. To raise your hand, select the raised hand function under the reaction



Project Team — Renal Committee



Leah Chambers, MHA, Director



**Gabrielle Kyle-Lion, MPH,
Manager**



**Nicholas Barone, MPH,
Analyst**



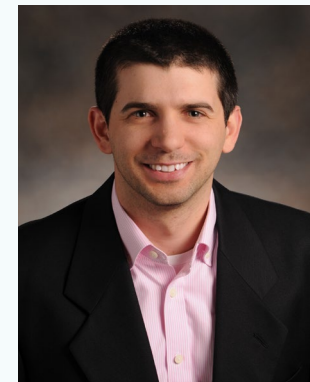
**Isabella Rivero, BS,
Associate**



**Erica Brown, MHA, PMP,
Project Manager**



**Elizabeth Freedman, MPH,
Senior Director**



**Peter Amico, PhD,
Consultant**

Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation Process and Voting Process
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Renal Fall 2022 Cycle Standing Committee

- Lorien Dalrymple, MD, MPH (Co-Chair)
- Renee Garrick, MD (Co-Chair)
- Andrew I-Wei Chin, MD
- Annabelle Chua, MD
- Rajesh Davda, MD, MBA, CPE
- Gail D. Dewald, BS, RN, CNN
- Stuart Mark Greenstein, MD
- James Michael Guffey (*Inactive*)
- Lori Hartwell
- Frederick Jeffrey Kaskel, MD, PhD, FAAP, FASN
- Myra A. Kleinpeter, MD, MPH
- Alan Stewart Kliger, MD
- Mahesh Krishnan, MD, MPH, MBA, FASN
- Karilynne Anne Lenning, MHA, LBSW
- Precious McCowan
- Andrew Narva, MD, FASN
- Jessie M. Pavlinac, MS, RDN-AP, CSR, LD, FNKF, FAND
- Jeffrey Silberzweig, MD
- Michael Somers, MD
- Cher Thomas, RDH
- Jennifer Vavrinchik, MSN, RN, CNN
- Roberta Louise Wager, MSN, RN
- John Wagner, MD, MBA

Overview of Evaluation Process and Voting Process

Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and the rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to NQF membership
- Oversee the portfolio of Renal measures

Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing Committee discussion **for each criterion by:**
 - ▣ briefly explaining information on the criterion provided by the developer;
 - ▣ providing a brief summary of the pre-meeting evaluation comments;
 - ▣ emphasizing areas of concern or differences of opinion; and
 - ▣ noting, if needed, the preliminary rating by NQF staff.
 - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion.

Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high quality, efficient healthcare (use is **must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.

Voting on Endorsement Criteria

Votes will be taken after the discussion of each criterion

- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only (must pass)
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability
- **Overall Suitability for Endorsement**

Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there will be no further discussion or voting on the subsequent criteria for that measure; the Standing Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, the discussion will continue with the next measure criterion, but a vote on overall suitability will not be taken.

Achieving Consensus

- Quorum: 66% of active Standing Committee members (15 of 22 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- Consensus Not Reached (CNR) measures move forward to public and NQF member comment, and the Standing Committee will re-vote during the post-comment web meeting.
- Measures that are not recommended will also move on to public and NQF member comment, but the Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

Committee Quorum and Voting

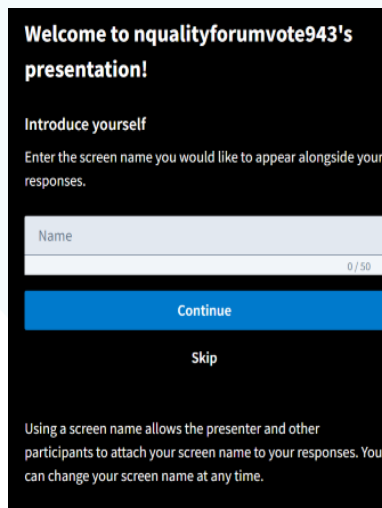
- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum unless 50% attendance is not reached.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during their absence.

Evaluation Process Questions?

Voting Test

Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click “Continue” to access voting from the options that will appear on the screen.
- Please alert an NQF staff member if you are having difficulty with our electronic voting system.



Welcome to nqualityforumvote943's presentation!

Introduce yourself

Enter the screen name you would like to appear alongside your responses.

Name

0 / 50

Continue

Skip

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

Measures Under Review

Fall 2022 Cycle Measures

■ 3 New Measures for Standing Committee Review

- ▣ **#3719** Prevalent Standardized Waitlist Ratio (PSWR) (Centers for Medicare & Medicaid Services [CMS]/University of Michigan-Kidney Epidemiology and Cost Center [UM-KECC])
- ▣ **#3722** Home Dialysis Rate (Kidney Care Quality Alliance [KCQA])
- ▣ **#3725** Home Dialysis Retention (KCQA)

NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.

NQF Scientific Methods Panel Review

- The SMP independently evaluated the scientific acceptability of these measures:
 - ▣ #3722 Home Dialysis Rate
 - ▣ #3725 Home Dialysis Retention
- SMP passed all measures

Consideration of Candidate Measures

#3719 Prevalent Standardized Waitlist Ratio (PSWR)

- **Measure Steward/Developer:** CMS/UM-KECC

- New measure

- **Brief Description of Measure:**

- The PSWR measure tracks the number of prevalent dialysis patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant. For each practitioner group, the Prevalent Standardized Waitlist Ratio (PSWR) is calculated to compare the observed number of waitlist events in a practitioner group to its expected number of waitlist events. The PSWR uses the expected waitlist events calculated from a Cox model, adjusted for patient age, incident and prevalent comorbidities, previous waitlisting and transplant, dual eligibility, Area Deprivation Index (ADI), and transplant center characteristics.

**Lunch Break – Resume at 1:00PM
ET**

#3722 Home Dialysis Rate

- **Measure Steward/Developer:** KCQA

- ▣ New measure

- **Brief Description of Measure:**

- ▣ Percent of all dialysis patient-months in the measurement year in which the patient was dialyzing via a home dialysis modality.

#3725 Home Dialysis Retention

- **Measure Steward/Developer:** KCQA

- ▣ New measure

- **Brief Description of Measure:**

- ▣ Percent of all new home dialysis patients in the measurement year for whom greater than or equal to 90 consecutive days of home dialysis was achieved.

Related and Competing Discussion

Related and Competing Measures

- If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

Target Population	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures - Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures - Harmonize on target patient population or justify differences.
Different target patient population	Related measures - Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither a harmonization nor competing measure issue

Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after the recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- The Standing Committee can discuss harmonization and make recommendations. The developers of each related and competing measure will be encouraged to attend any discussion.

Measure #3719 Prevalent Standardized Waitlist Ratio (PSWR) Related Measure

- #3695 Percentage of Prevalent Patients Waitlisted (PPPW)

Measure #3719 Related Measure

- #3695 Percentage of Prevalent Patients Waitlisted (PPPW)
 - Steward/Developer: Centers for Medicare and Medicaid Services
 - Description: This measure tracks the percentage of patients in each dialysis practitioner group practice who were on the kidney or kidney-pancreas transplant waitlist. Results are averaged across patients prevalent on the last day of each month during the reporting year. The proposed measure is a directly standardized percentage, which is adjusted for covariates (e.g. age and risk factors).
 - Numerator: The numerator is the adjusted count of patient months in which the patient at the dialysis practitioner group practice is on the kidney or kidney-pancreas transplant waitlist as of the last day of each month during the reporting year.
 - Denominator: All patient-months for patients who are under the age of 75 in the reporting month and who are assigned to a dialysis practitioner group practice according to each patient's treatment history during a given month during the reporting year.
 - Target Population: Adults aged 18 or greater, children below the age of 18
 - Care Setting: Outpatient services
 - Level of Analysis: Clinician: Group/Practice

Measure #3719 Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

NQF Member and Public Comment

Next Steps

Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing Committee's discussion and recommendations
 - ▣ This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment brief, which is shared with the developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss the comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- The CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

Activities and Timeline – Fall 2022 Cycle

***All times ET**

Meeting	Date, Time*
Measure Evaluation Web Meeting (Follow-Up if needed)	February 15, 2:00-5:00PM ET
Standing Committee Post-Measure Evaluation Web Meeting (if needed)	TBD
Draft Report Comment Period	TBD
Standing Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

Spring 2023 Cycle Updates

- Intent to submit deadline was January 5, 2023
- 14 measures total were submitted

Project Contact Info

- Email: renal@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <https://www.qualityforum.org/renal>
- SharePoint
site: <https://share.qualityforum.org/portfolio/Renal/SitePages/Home.aspx>

Questions?

THANK YOU.

NATIONAL QUALITY FORUM

<https://www.qualityforum.org>

Appendix

Evidence Exception

[Screenshare Evidence algorithm]